

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9952	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name LANCE D CLARK P O Box Bldg Room No if any 24860 Street 24860 LORNA DRIVE City MORENO VALLEY State CA ZIP Code + 4 92553	4 Name file number and address of labor organization Name SHEET METAL WORKERS' LOCAL UNION NO. 105 Labor Organization File Number 542-616 P O Box Building and Room Number if any Street 2120 AUTO CENTRE DRIVE, Suite 105 City Glendora, State CA. ZIP Code + 4 91740
5 Position in labor organization FINANCIAL SECRETARY-TREASURER / RECORDING SECRETARY	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed James A. Clark

On 8-1-05 (951) 247-1741
Date Telephone Number

Name of Person Filing <u>LANCE D CLARK</u>	File Number U
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SHEET METAL WORKERS' TRUST FUNDS
 Trade Name if any: TRUST FUNDS FOR HEALTH & PENSION
 P O Box, Bldg Room No if any _____
 Street 111 NORTH Sepulveda Blvd, Suite 100
 City MANHATTAN BEACH,
 State CA ZIP Code + 4 90267-6861

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____
 Trade Name if any: _____
 P O Box, Bldg Room No. If any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

11 a Nature of such dealing

TRUSTEE OF HEALTH & PENSION FUND

11 b. Approximate dollar value of such dealing. _____

12 a Nature of interest held or income received.

1ST QUARTER BOARD OF TRUSTEES' Mtg
 FOR TRUSTEE COST REIMBURSEMENT FOR
 ATTENDING

12 b Amount

\$ 379

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____
 Trade Name, if any: _____
 P O Box, Bldg Room No If any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

File Number U

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>SHEET METAL WORKERS' TRUST FUNDS</u></p> <p>Trade Name, if any <u>TRUST FUNDS FOR HEALTH & PENSION</u></p> <p>P O Box, Bldg Room No If any _____</p> <p>Street <u>111 NORTH SEPULVEDA Blvd, Suite 100</u></p> <p>City <u>MANHATTAN BEACH,</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90267-6861</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No. If any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>TRUSTEE OF HEALTH & PENSION FUND</u></p> <p>11 b. Approximate dollar value of such dealing. _____</p> <p>12.a Nature of interest held or income received.</p> <p><u>3rd QUARTER BOARD OF TRUSTEES' MTg</u> <u>FOR TRUSTEE COST REIMBURSEMENT</u> <u>FOR ATTENDING</u></p>
<p>12.b Amount <u>\$ 1143</u></p>	

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Name <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%; display: inline-block;"></div> Trade Name, if any <div style="border-bottom: 1px solid black; height: 1.2em; width: 80%; display: inline-block;"></div> P O Box, Bldg Room No if any <div style="border-bottom: 1px solid black; height: 1.2em; width: 70%; display: inline-block;"></div> Street <div style="border-bottom: 1px solid black; height: 1.2em; width: 95%; display: inline-block;"></div> City <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%; display: inline-block;"></div> State <div style="border-bottom: 1px solid black; height: 1.2em; width: 15%; display: inline-block;"></div> ZIP Code + 4 <div style="border-bottom: 1px solid black; height: 1.2em; width: 20%; display: inline-block;"></div>	14 a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div style="border: 1px solid black; height: 30px; width: 90%; margin-top: 5px;"></div>

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>SHEET METAL WORKERS' TRUST FUNDS</u></p> <p>Trade Name, if any <u>TRUST FUNDS FOR HEALTH & PENSION</u></p> <p>P O Box, Bldg Room No. If any _____</p> <p>Street <u>111 NORTH SEPULVEDA BLVD, Suite 100</u></p> <p>City <u>MANHATTAN BEACH,</u></p> <p>State <u>CA.</u> ZIP Code + 4 <u>90267-6861</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b. or 9 c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No. If any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>TRUSTEE OF HEALTH & PENSION FUND</u></p> <p>11 b Approximate dollar value of such dealing. _____</p> <p>12 a Nature of interest held or income received.</p> <p><u>4th QUARTER BOARD OF TRUSTEES' MTG.</u> <u>FOR TRUSTEE COST REIMBURSEMENT</u> <u>FOR ATTENDING.</u></p> <p>12 b Amount. <u>\$ 422</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg., Room No. If any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment. _____</p>

Name of Person Filing **LANCE D. CLARK**

File Number U

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name **SOUTHERN CALIFORNIA SHEET METAL**Trade Name if any **JOINT APPRENTICESHIP COMM. FEE**

P O Box, Bldg Room No If any

Street **633 NORTH CALDWIN PARK BLVD.**City **CITY OF INDUSTRY,**State **CA,** ZIP Code + 4 **91746**

9 Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

**TRUSTEE ON THE SHEET METAL
APPRENTICESHIP TRAINING FUND**

11.b. Approximate dollar value of such dealing.

12 a Nature of interest held or income received.

**REIMBURSEMENT FOR ATTENDING
MEETING (REIMBURSEMENT EXP)**

12 b Amount

\$56

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No If any

Street

City

State ZIP Code + 4

14 a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.



Sheet Metal Workers' International Association
Local Union No. 105

2120 Auto Centre Drive Suite 105 • Glendora CA 91740 • (909) 305-2800 • FAX (909) 305 2822
Website www.local105.org E Mail smwia@local105.org

Roy A Ringwood
Business Manager/
President

Lance D Clark
Financial
Secretary Treasurer/
Recording Secretary

Bradley J Rooker
Vice President/
Business Representative

**Business
Representatives**

Francisco Magaña

Richard Marquez

Luther Medina

Eddie Montes

James Odom

Michael Pelliccino

Mario Teran

Bakersfield Office

Ken Rooker
Business Representative

601 Eureka Street
Bakersfield CA 93305

(661) 323 4461
FAX (661) 323 3286

August 10, 2005

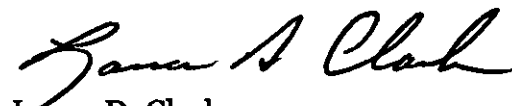
Standard Mail Delivery & Certified Mail # 7002 0510 0003 9433 1390

United States Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue N W , Room N5616
Washington, DC 20210

Re LM-30 Report, 2004

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report.

Sincerely,


Lance D Clark,
Financial Secretary-Treasurer/
Recording Secretary

RAR umb/DOL LM 30
opeu #537/afl-cio-clc